

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER I-01.1	PAGE NUMBER 1 OF 4
	RELATED NCCHC/ACA STANDARDS: H-1-01/4-4405 (ESSENTIAL)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: USE OF CLINICAL THERAPUETIC RESTRAINTS	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE:

Guidelines for application and use of restraints for clinical mental health reasons.

POLICY:

1. Uses of clinical restraints comply with accepted mental health standards and state laws and health code regulations.
2. Clinical restraints are used to prevent substantial bodily injury to inmate or others when inmate is "out of control," and when all other approaches to prevent injury have failed.
3. Clinical restraints are not used as punishment or for the convenience of staff, but only when less restrictive means are not effective to prevent injury to self or others.
4. Restraints for mental health reasons are limited to the infirmary or other healthcare settings that permit frequent medical observation.
5. The infirmary is equipped with restraints appropriate to use in a treatment setting. Leather padded wrist and ankle restraints that can be secured to a bed with leather straps are minimal requirements.
6. The use of cuff and leg irons is not permitted for therapeutic restraints.
7. Mental health staff are responsible to ensure appropriate restraint devices are available and in good repair.
8. Health care and security staff will be trained in the proper application of restraint devices.
9. Staff will attempt to assist the inmate in gaining control by less restrictive interventions prior to considering application of restraints. Actions may include but are not limited to:
 - a. Talking to inmate in calm manner in attempt to de-escalate situation.
 - b. Placing inmate in seclusion cell.

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER I-01.1	PAGE NUMBER 2 OF 4
SUBJECT: USE OF CLINICAL THERAPUETIC RESTRAINTS		

- c. Offering medication, if ordered by physician.
- 10. Use of restraints is under the order of a physician except in extreme emergencies. PRN orders for restraints are prohibited. The warden/superintendent (or designee) is notified by security staff.
- 11. Mental health or medical staff may issue an “emergency restraint order,” but a physician must provide a written or verbal order for restraints within one (1) hour of the “emergency restraint order.”
- 12. Physician’s orders for restraints specify:
 - a. the type of restraint,
 - b. where the inmate is to be placed,
 - c. the type of clothing or covering the inmate may wear,
 - d. medications, if appropriate,
 - e. and any other special considerations.
- 13. Physician’s order for restraints does not exceed four hours without a face-to-face evaluation by a physician.
- 14. The site Health Services Administrator and Medical Director are notified when an inmate has been restrained for mental health reasons continually for four (4) hours. Daily reports are provided to security, medical and administrative staff.
- 15. Security officers apply restraints with assistance of medical personnel, if requested. Application of restraints does not occur without sufficient correctional staff present to adequately manage the inmate.
- 16. Potentially harmful objects, which might interfere with restrains, are removed from inmate (e.g. watches, and rings).
- 17. Minimally, the inmate is provided a paper gown/sheet.
- 18. Every effort is made to ensure inmate dignity, but this will be secondary in situations of potential self-harm.
- 19. Staff will encourage inmate compliance during the application of the restraints by:

<p style="text-align: center;">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER I-01.1</p>	<p style="text-align: center;">PAGE NUMBER 3 OF 4</p>
<p>SUBJECT: USE OF CLINICAL THERAPUETIC RESTRAINTS</p>		

- a. Calmly explaining the restrain procedure.
 - b. Reasons for decision to restrain.
 - c. Behavior required terminating use of restraints.
- 20. The inmate is monitored at least every 15 minutes by health trained security staff while restrained. The “Mental Health Observation Monitoring Sheet” will be completed at each observation to provide documentation of monitoring. Documentation of security training is available.
- 21. Health care staff will observe the inmate at least once every 30 minutes for signs of circulatory, respiratory or other dysfunction, abrasion, irritation or injury.
 - a. Extremities will be monitored for color, temperature and pulse.
 - b. Vital signs will be taken and recorded by nursing staff at least once every shift.
- 22. Range of motion exercises should be performed every two (2) hours by health care staff unless the patient is too agitated or assaultive to safely remove the restraints. For range of motion exercises, restraints on each extremity shall be removed, one at a time. Performance of range-of-motion exercises shall be clearly documented and as well as the patient’s behavior, respiration and responsiveness. If range-of-motion exercises are not performed, nursing staff shall clearly document the reason.
- 23. The inmate will be provided bathroom privileges, hygiene requirements and exercise of limbs sufficient to ensure adequate circulation when retrained for extended period of time.
 - a. The inmate’s clinical status will determine the manner in which theses steps will be completed (e.g. freeing one extremity at a time)
 - b. If bathroom privileges are denied due to clinical concerns, staff ensures the cleanliness of the inmate is maintained.
- 24. Meals are provided to restrained inmate but will consist of “finger food.” Inmate’s head will be elevated and turned laterally when given food or liquid to prevent aspiration.

<p style="text-align: center;">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p style="text-align: center;">POLICY NUMBER I-01.1</p>	<p style="text-align: center;">PAGE NUMBER 4 OF 4</p>
<p>SUBJECT: USE OF CLINICAL THERAPUETIC RESTRAINTS</p>		

25. Health care staff will communicate with inmate at least once an hour whenever inmate is awake to assess need for continued restraints.
26. Decision to remove restraints and clinical justification for decision will be determined by physician/psychiatrist and indicated in the medical record.
27. Correctional officers will remove restraints with assistance of mental/medical health staff, if requested. Sufficient correctional staff will be present when restraints are removed to provide inmate control if needed.
28. Documentation of restraint procedure begins with an entry in the medical record by medical or mental health staff to include, but not limited to:
 - a. Inmate behavior immediately prior to decision to use restraints.
 - b. Clinical justification for use of restraints rather than less restrictive interventions.
 - c. Listing of interventions attempted by staff prior to decision to restrain.
 - d. Notation of physician contact or attempt to contact.
 - e. Type of restraints ordered.
 - f. Inmate behavior during application of restraints.
29. Security staff in accordance with institutional procedures will complete a report, which details the use of clinically ordered physical restraints.
30. Nursing staff will document:
 - a. Vital signs.
 - b. Care and assessment of inmate.
 - c. Interaction with inmate in on-going manner in medical record.
31. The “Restraint Monitoring Guideline for Nursing Staff” will be completed to ensure compliance with procedures. Forms will be sent to site Health Services Administrator to facilitate review of instance requiring restraint.

References:

National Commission on Correction health Care: Standards for Health Services in Prisons, 2003, P-I-01.

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 4-4405,4362

CORRECTIONAL MEDICAL SERVICES PHYSICAL RESTRAINT MONITORING GUIDELINE

INITIATION OF PHYSICAL RESTRAINTS:

(By Whom?) _____ Date: _____ Time: _____

(Item to be initiated by nursing staff noting compliance)

Initials

1. Physician order obtained? _____
2. Physician order documented in Medical Records indicates rational for decision and compliance with Restraint Procedure? _____
3. If "emergency restraint order" used, physician's order obtained with one hour? _____
4. Seclusion room checked out by security prior to resident placement? _____
5. Potentially harmful clothing removed from resident? _____
6. Resident offered bathroom privilege prior to restraints? _____
7. Medical staff assisted security in application of physical restraints? _____
8. "Mental Health Observation Monitoring Sheet" initiated? _____
9. Resident provided paper gown & paper sheet? _____

ON-GOING MONITORING OF PHYSICALLY RESTRAINED RESIDENT	12-8 SHIFT INITIALS	8-4 SHIFT INITIALS	4-12 SHIFT INITIALS
1. Monitoring every 15 minutes documented on Mental Health Observation Monitoring Sheet.			
2. Documentation by nurse of medical evaluation of resident every 30 minutes (circulation, limb color, etc.)			
3. Attempt by nurse to communicate with resident every hour to determine mental status.			
4. On-going documentation of changes in resident's mental status and nursing assessment of need for continued restraints.			
5. Range of motion exercises provided at 2-hour intervals.			
6. Bathroom privileges offered at 2-hour intervals.			
7. Water offered at 2-hour intervals.			
8. Finger foods or liquid diet offered at meal times.			
9. Vital signs documented each shift.			

REMOVAL OF RESTRAINTS:

(By Whom?) _____ Date: _____ Time: _____

Initials

1. Consultation with psychiatric staff prior to removal? _____
2. Documentation in Medical Record indicates rationale for removal of physical restraints? _____
3. Security Staff present at removal of physical restraints? _____